

**BOARD OF REGISTERED NURSING  
Intervention/Discipline Committee  
Agenda Item Summary**

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**AGENDA ITEM: 9.1  
DATE: February 11, 2016**

**ACTION REQUESTED:** Information Only: Complaint Intake and Investigations Update

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

**PROGRAM UPDATES**

**COMPLAINT INTAKE:**

**Staff**

We recently hired a new Limited Term Staff Services Analyst, Robin Matson. She came to us from the Dental Board. She has over 9 years of enforcement and court experience.

This new hire puts us at full staffing levels.

**Program**

There was the second release of BreZE rolled out to additional Boards on January 19, 2016. Overall, the rollout was a success.

We have one analyst that continues to work with the Department of Consumer Affairs (Department) BreZE team and involved in the Reports User Group, as well as the Enforcement User Group.

The Controlled Substance Utilization Review & Evaluation System (CURES) had a soft launch July 1, 2015 and was rolled out to users on January 8, 2016. Effective July 1, 2016, all California licensed furnishing/prescribing practitioners and pharmacists must be registered to access CURES/PDMP. We have posted information on our website that includes links, to assist our furnishers in the registration process and answer any questions they may have. We will continue to work closely with the Department's Executive team and the Department of Justice (DOJ) to ensure the success of CURES 2.0.

For the period July 1 through December 31, 2015, we received 3,810 complaints. As of January 22, 2016, we have 974 pending complaints. 43 of those cases are over a year old.

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner, applicants are processed timely and that aging cases are worked as a priority.

**INVESTIGATIONS:**

**Staff**

We are currently fully staffed in both Northern and Southern California.

**Program**

We continue to assign cases based on the Department’s Consumer Protection Enforcement Initiative (CPEI). As of January 28, 2016, there were approximately 56 BRN investigative cases over one year old and there are approximately 31 DOI cases over one year old, that are still open.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

**Statistics**

BRN Investigations	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Total cases assigned	330	345	373	379	374	363
Total cases unassigned (pending)	176	179	121	106	155	142
Average days to case completion	238	232	275	267	265	271
Average cost per case	\$2,849	\$2,632	\$3,448	\$2,728	\$2,968	\$2,722
Cases closed	44	45	52	58	58	67
Division of Investigations	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Total cases assigned	298	290	328	359	328	268
Total cases unassigned (pending)	38	53	71	29	30	35
Average days to case completion	271	271	302	220	318	306
Average cost per case	\$5,124	\$5,896	\$5,389	\$4,155	\$6,696	\$7,246
Cases closed	54	38	28	40	33	33

Investigators are focused on clearing all aging cases.

**NEXT STEP:**

Continue to review and adjust internal processes and work with DCA to create reports to monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

**FISCAL IMPACT, IF ANY:**

None at this time. Updates will be provided at each IDC meeting for review and possible action.

**PERSON TO CONTACT:**

Shannon Silberling, Chief  
Complaint Intake and Investigations  
(916) 515-5265

**BOARD OF REGISTERED NURSING  
Intervention/Discipline Committee  
Agenda Item Summary**

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**AGENDA ITEM:** 9.2  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Information Only: Discipline and Probation Program update

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

Staffing

Elizabeth Elias has been appointed to Probation Program Manager effective December 2015. Prior to her promotion to manager, she was a probation monitor and has been with the Board since 2008.

The probation monitor vacancy is now filled by John Shin who has been with the Board since 2014, and worked in the licensing unit. John started with the unit on February 1, 2016.

Program – Discipline

The Discipline Unit is working with the Attorney General’s (AG) office to complete our cases in a timely manner and streamline our processes for efficiency.

Statistics - Discipline

Below reflects FY 14/15 (July 1, 2014 – June 30, 2015) discipline statistics:

Decisions Adopted	1,578
Pleadings served	1,067
Petitions to Revoke Probation served	104
Surrenders signed by E. O.	291

Below reflects FY 15/16 (July 1, 2015 – February 1, 2016) discipline statistics:

Decisions Adopted	785
Pleadings served	669
Petitions to Revoke Probation served	44
Surrenders signed by E. O.	130

The BRN continues to work with the DCA BreEZe team to verify the accuracy of the performance measures statistics.

Program – Probation

The probation unit recently contributed to the re-design of the DCA-Enforcement Academy which should be available next spring. It is anticipated the BRN staff will train the probation module of the academy.

Statistics - Probation

Statistics – July 1, 2015 to January 29, 2016

Probation Data	Numbers	% of Active
Male	323	29%
Female	791	71%
Chemical Dependency	734	65.9%
Required Drug-Screening	585	52.5%
Practice	273	24.5%
Mental Health	6	0.5%
Conviction - excluding chemical dependency/alcohol use	101	9.1%
Advanced Certificates	105	9%
Southern California	628	56%
Northern California	480	43%
Pending AG - Tolled	6	1%
Pending AG	80	7%
License Revoked Fiscal YTD	29	
License Surrendered Fiscal YTD	45	
Terminated Fiscal YTD	27	
Successfully Completed Fiscal YTD	79	
Active In-State Probationers	<b>1,114</b>	
Completed/Revoked/Terminated/Surrendered YTD	180	
Tolled Probationers	318	
Active and Tolled Probationers	<b>1,432</b>	

The average case load per probation monitor is approximately 123. Currently there are 35 Early Termination and 7 Modification of Probation cases waiting to be heard by the Board.

**NEXT STEP:**

Follow directions given by committee and/or board.

**FISCAL IMPACT, IF ANY:**

AG's budget line item will be closely monitored for Discipline and Probation.

**PERSON TO CONTACT:**

Beth Scott, Chief of Discipline, Probation, and Intervention  
(916) 574-8187

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.3**  
**DATE: February 11, 2016**

**ACTION REQUESTED:** Information Only: Intervention Program Update and Statistics

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**Staffing**

The Intervention unit filled the vacant Office Technician position with an internal transfer from the licensing unit.

**Program Update**

Effective January 1, 2016, Pursuant to Senate Bill 800, the official name of the Diversion Program changed to the Intervention Program. In preparation of the name change, Intervention staff worked diligently to update the program's policies, correspondence documents and website to reflect the program's new name.

CPS HR Consulting has conducted a contract and performance audit of MAXIMUS, the Intervention program's contractor. A draft audit report has been submitted to DCA for review of the audits findings and recommendations.

On November 4, 2015, Intervention staff and Virginia Matthews, MAXIMUS Project Manager provided an educational Intervention Program presentation for the Los Angeles County University of Southern California Medical Center Nursing Leadership's Management Team. The presentation was well attended and the attendees indicated they appreciated the opportunity to learn about the Diversion Program and its role in public protection.

On November 19, 2015, Intervention staff and Virginia Matthews, MAXIMUS Project Manager conducted a presentation for the Association of Kern County Nurse Leaders (AKCNL). An important takeaway to this presentation was that irrespective of ones position in the nursing community whether its management or rank and file, no one is immune to substance use disorders and/or mental illness.

On December 2, 2015, MAXIMUS staff conducted a presentation at California State University of Sacramento (CSUS) to 77 Public Health Nursing students regarding substance use disorders, mental illness and how the Intervention program provides assistance for nurses in need.

On February 3, 2016, Intervention staff and Virginia Matthews, Maximus Project Manager conducted an outreach presentation to the Nursing Leadership Group at Sharp Memorial Hospital in San Diego. The presentation focused on the nature, progression, and prevalence of Substance Use Disorders and how to identify signs of medication diversion in the healthcare setting.

### **Intervention Evaluation Committees (IEC)**

There are currently two physician member vacancies at this time. One vacancy is in Burbank (IEC 8), and the second vacancy is in North Central (IEC 12).

There are currently four RN member vacancies at this time, one in Sacramento (IEC 1)\*, one in Orange County (IEC 4), one in Burbank (IEC 8) and one in Santa Ana (IEC 14)\*.

There are currently two Public Member vacancies at this time. One vacancy is in Los Angeles (IEC 3)\*, and the second is in Ontario (IEC 9)\*

**\*Asterisk denotes pending committee recommendation for Board approval of IEC members included in Agenda Item 9.3.1**

### **Statistics – Diversion**

The Statistical Summary Report for September 1, 2015, through November 30, 2015, is after this update. As of November 30, 2015, there were 2,020 successful completions.

<b>NEXT STEP:</b>	Follow directions given by Committee and/or Board.
<b>FISCAL IMPACT, IF ANY:</b>	None at this time.
<b>PERSON TO CONTACT:</b>	Don Henry Walker Intervention Program Manager (916) 574-7619

**BOARD OF REGISTERED NURSING  
DIVERSION PROGRAM  
STATISTICAL SUMMARY  
September 1, 2015 - November 30, 2015**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
<b>INTAKES COMPLETED</b>	37	56	5,061
<b>INTAKE INFORMATION</b>			
Female	26	40	3,950
Male	11	16	1,084
Unknown	0	0	27
Average Age	35-64		
Most Common Worksite	Unemployed		
Most Common Specialty	Critical Care		
Most Common Substance Abused	Alcohol/Opiates		
<b>PRESENTING PROBLEM AT INTAKE</b>			
Substance Abuse (only)	16	25	3,177
Mental Illness (only)	3	4	166
Dual Diagnosis	16	25	1,637
Undetermined	2	2	81
<b>REFERRAL TYPE*</b>			
Board	28	45	3,724
Self	9	11	1,337
*May change after Intake			
<b>ETHNICITY (IF KNOWN) AT INTAKE</b>			
American Indian/Alaska Native	0	0	39
Asian/Asian Indian	3	4	118
African American	3	3	163
Hispanic	2	2	214
Native Hawaiian/Pacific Islander	0	1	28
Caucasian	26	44	4,157
Other	2	2	76
Not Reported	0	0	266
<b>CLOSURES</b>			
Successful Completion	19	30	2,020
Failure to Derive Benefit	0	0	121
Failure to Comply	3	4	975
Moved to Another State	0	0	52
Not Accepted by DEC	1	1	59
Voluntary Withdrawal Post-DEC	0	1	332
Voluntary Withdrawal Pre-DEC	2	4	517
Participant Withdrawn-Failure to sign con	0	0	1
Closed Public Risk	7	13	337
No Longer Eligible	1	1	17
Clinically Inappropriate	0	2	32
Client Expired	0	0	40
Sent to Board Pre-DEC	1	1	2
<b>TOTAL CLOSURES</b>	34	57	4,505
<b>NUMBER OF PARTICIPANTS: 429 (as of November 30, 2015)</b>			

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.1  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Intervention Evaluation Committee Members/ New Appointments, Reappointments, Transfers & Resignations

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Intervention Evaluation Committees. Each Committee for the Intervention Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

**APPOINTMENTS**

Below are the names of the candidates who are being recommended for appointment to the Intervention Evaluation Committees (IEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2020.

<u>NAME</u>	<u>TITLE</u>	<u>IEC</u>	<u>NO</u>
Darryl Levine	Public Member	Los Angeles	3
Cynthia Schick	Public Member	Ontario	9
Wendy Prothro	RN	Santa Ana	14

**RESIGNATIONS**

Below are the names of the IEC members who have resigned.

<u>NAME</u>	<u>TITLE</u>	<u>IEC</u>	<u>NO</u>
Tonia Jones	RN	Santa Ana	14
Bill Frantz	RN	Sacramento	1
Rodney Collins	MD	Burbank	8

**TRANSFERS**

Below are the names of the IEC members who are being recommended for transfer.

<u>NAME</u>	<u>TITLE</u>	<u>FROM IEC #</u>	<u>TO IEC #</u>
David Aust	RN	Bay Area #2	Sacramento #1
Sara Cardiner	RN	Burbank #8	Bay Area #2

**NEXT STEP:**

Continue recruiting efforts.

**PERSON TO CONTACT:**

Don Henry Walker  
Intervention Program Manager  
(916) 574-7619

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.2  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Intervention Program Policy Revisions submitted at  
September 24, 2015, Diversion Liaison Committee Meeting

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

On September 24, 2015, voting member attendees at last year's annual Diversion Liaison Committee meeting unanimously voted in favor of approving one new policy (\*) and revising eight of the existing Intervention program policies. The purposes of the new and revised policies are to strengthen the program, increase administrative flexibility, and provide added consumer protection.

**Policies**

- Intervention Evaluation Committee Applicant Criteria (DIV-F-02)
- Intervention Program Transition Phase Minimum Monitoring Parameters (DIV-P-06)
- Intervention Program Criteria for Approval of Nurse Support Group Facilitators/Co-Facilitators (DIV-P-11)
- Board of Registered Nursing Procedures for Investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15)

**The following policies will be presented for Discussion at the March 10, 2016, Intervention Discipline Committee meeting:**

- Intervention Program Criteria for Successful Completion (DIV-P-08)
- Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements (DIV-P-10)
- Intervention Program Criteria for Successful Completion: Mental Health (DIV-P-13)
- Intervention Program Criteria for Selection of Treatment Providers (DIV-P-17)
- \*Consequences for Intervention Program Violations (DIV-P-31)

**NEXT STEP:** Follow directions given by Committee and/or Board

**PERSON TO CONTACT:** Don Henry Walker  
Intervention Program Manager  
(916) 574-7619

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.3  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Intervention Evaluation Committee Applicant Criteria  
(DIV-F-02/Attached)

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

Intervention Program staff proposes revising the Intervention Evaluation Committee applicant criteria to include a five (5) year recovery requirement. There currently is no recovery criteria so this revision will serve to reinforce the integrity of the program and provide a greater level of public safety. In addition, this will be consistent with the current five (5) year recovery requirement of Nurse Support Group Facilitators/Co-Facilitators.

**NEXT STEP:** Follow directions given by Committee and/or Board

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Don Henry Walker  
Intervention Program Manager  
(916) 574-7619



**BOARD OF REGISTERED NURSING**  
PO Box 944210, Sacramento, CA 94244-2100  
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Louise R. Bailey, MEd, RN, Executive Officer

## INTERVENTION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Intervention Evaluation Committees (IECs). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's Intervention Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

**EXPERTISE** - Members must have demonstrated expertise in the field of substance use disorders and/or mental health. If in recovery, members must have a minimum of five (5) years recovery.

**TIME** – A minimum of four days per year in attendance will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

**FINANCIAL REIMBURSEMENT** - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

**RESPONSIBILITIES** – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

**CONFLICT OF INTEREST** – DCA's Conflict of Interest Code 16 CCR §3830; Gov. Code §87302(a) requires certain designated employees, including IEC members, to file annual financial disclosure statements (Statements of Economic Interest). All new appointees will be provided with the Fair Political Practices Commission's Statement of Economic Interest Form 700.

IEC members cannot be involved in any other program components of the BRN's Intervention Program. Other program components include Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Nurse Consultant. The Intervention Program is contracted to a private contractor outside of State service. IEC members cannot be involved with the contractor as staff or Clinical Assessors.

The Intervention Program is contracted to a private contractor outside of State service. IEC members cannot be involved in other program components of the BRN Intervention Program, e.g., Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Clinical Assessor, Nurse Consultant, Contractor Staff.

**EQUIPMENT** – It is required that you have a personal laptop/tablet and access to internet in order to obtain confidential participant records.

If you have any questions regarding the application or the Intervention Program, please call the Intervention Unit at (916) 574-7692.



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PO Box 944210, Sacramento, CA 94244-2100  
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Louise R. Bailey, MEd, RN, Executive Officer

## INTERVENTION EVALUATION COMMITTEE (IEC) APPLICATION

*PLEASE PRINT OR TYPE*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:      (    )                                      (    )                                      (    )  
                  Work                                      Home                                      Cell

\_\_\_\_\_ (    ) \_\_\_\_\_  
E-Mail                                      Fax

Category for which you are applying:    \*Nurse                                      \*Physician                                      \*Public Member

California License Number: \_\_\_\_\_

*\*(California license must be active/current and in good standing)*

Area(s) of Expertise:      Substance Use                                      Mental Health  
   Disorder

**Attach a current resume. Please answer the following questions - use extra paper if necessary:**  
**Explain why you are interested in becoming a IEC member:**

**Describe your education or work experience with Substance Use Disorders:**

**Describe your education or work experience with Mental Health:**

**Explain your philosophical beliefs relative to the treatment of Substance Use Disorders.**

**PLEASE INDICATE YOUR FIRST, SECOND AND THIRD IEC LOCATION PREFERENCE:**

Sacramento     Bay Area     Los Angeles     Orange County  
 Fresno     San Jose     Burbank     Palm Springs  
 Ontario     San Diego

**I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF INTERVENTION EVALUATION COMMITTEE MEMBERS.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION AND RESUME TO:**

Intervention Program Manager  
Board of Registered Nursing  
PO Box 944210  
Sacramento, CA 94244-2100



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Louise R. Bailey, MEd, RN, Executive Officer

## **~~DIVERSION~~ INTERVENTION EVALUATION COMMITTEES**

The Board of Registered Nursing is now accepting applications for its **~~DIVERSION~~ INTERVENTION** Evaluation Committees (**~~D~~IEC's**). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's **~~DIVERSION~~ INTERVENTION** Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

**EXPERTISE** - Members must have demonstrated expertise in the field of substance use disorders and/or mental health. If in recovery, members must have a minimum of five (5) years recovery.

**TIME** – A minimum of four days per year in attendance will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

**FINANCIAL REIMBURSEMENT** - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

**RESPONSIBILITIES** – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

**CONFLICT OF INTEREST** – DCA's Conflict of Interest Code 16 CCR §3830; Gov. Code §87302(a) requires certain designated employees, including **~~D~~IEC** members, to file annual financial disclosure statements (Statements of Economic Interest). All new appointees will be provided with the Fair Political Practices Commission's Statement of Economic Interest Form 700.

**~~D~~IEC** members cannot be involved in any other program components of the BRN's **~~DIVERSION~~ INTERVENTION** Program. Other program components include Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Nurse Consultant. The **~~DIVERSION~~ INTERVENTION** Program is contracted to a private contractor outside of State service. **~~D~~IEC** members cannot be involved with the contractor as staff or Clinical Assessors.

The **~~DIVERSION~~ INTERVENTION** Program is contracted to a private contractor outside of State service. **~~D~~IEC** members cannot be involved in other program components of the BRN

| **DiversionIntervention** Program, e.g., Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Clinical Assessor, Nurse Consultant, Contractor Staff.

| **EQUIPMENT** – It is required that you have a personal laptop/tablet and access to internet in order to obtain confidential participant records.

| If you have any questions regarding the application or the **DiversionIntervention** Program, please call the **DiversionIntervention** Unit at (916) 574-7692.



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Louise R. Bailey, MEd, RN, Executive Officer

**DIVERSION INTERVENTION EVALUATION COMMITTEE (IDEC) APPLICATION**

*PLEASE PRINT OR TYPE*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:      (    )                                      (    )                                      (    )  
                  Work                                      Home                                      Cell

\_\_\_\_\_ (    ) \_\_\_\_\_  
E-Mail    Fax

Category for which you are applying:    \*Nurse                                      \*Physician                                      \*Public Member

California License Number: \_\_\_\_\_

*\*(California license must be active/current and in good standing)*

Area(s) of Expertise:      Substance Use                                      Mental Health  
   Disorder

**Attach a current resume. Please answer the following questions - use extra paper if necessary:**  
**Explain why you are interested in becoming a IDEC member:**

**Describe your education or work experience with Substance Use Disorders:**

**Describe your education or work experience with Mental Health:**

**Explain your philosophical beliefs relative to the treatment of Substance Use Disorders.**

PLEASE INDICATE YOUR FIRST, SECOND AND THIRD **DEC** LOCATION PREFERENCE:

\_\_\_\_\_ Sacramento    \_\_\_\_\_ Bay Area    \_\_\_\_\_ Los Angeles    \_\_\_\_\_ Orange County  
\_\_\_\_\_ Fresno    \_\_\_\_\_ San Jose    \_\_\_\_\_ Burbank    \_\_\_\_\_ Palm Springs  
\_\_\_\_\_ Ontario    \_\_\_\_\_ San Diego

I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF **DIVERSION INTERVENTION** EVALUATION COMMITTEE MEMBERS.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT COMPLETED APPLICATION AND RESUME TO:

**Diversion Intervention** Program Manager  
Board of Registered Nursing  
PO Box 944210  
Sacramento, CA 94244-2100

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.4  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Intervention Program Transition Phase Minimum Monitoring Parameters (DIV-P-06/Attached)

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

Intervention staff proposes revising language in the above listed policy to reflect requirements that participants in the transition phase of the Intervention Program do the following:

- Participants will be in the Transition phase of the program for a minimum of one year (1) as opposed to “a period of time” as currently noted in (DIV-P-06). This will eliminate any confusion and ensure a consistent minimum duration.
- Requiring participants to complete an approved relapse prevention workbook. This was not a requirement, but has been intermittently requested by the Intervention Program Committee (IEC). It is the IEC’s position that a relapse prevention workbook is of great value to the participants and will serve to strengthen the program.
- Submission of quarterly work-site monitors reports. This revision is an update as reports were formerly submitted monthly, but are now required quarterly.
- Attend Nurse Support Group meetings as approved by the IEC. Participants were formerly not required to attend Nurse Support Group in Transition.
- Attend 12-step meetings as approved by the Intervention Evaluation Committee. Participants were formerly not required to attend 12-step meetings in Transition.

**NEXT STEP:** Follow directions given by Committee and/or Board

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Don Henry Walker  
Intervention Program Manager  
(916) 574-7619



## **INTERVENTION PROGRAM TRANSITION PHASE MINIMUM MONITORING PARAMETERS**

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An Intervention Evaluation Committee (IEC) will place a participant on a minimum monitoring transition phase for a period of time of no less than one year before granting successful completion from the Intervention Program.

The objective of a Transition Phase is to allow the participant to take full responsibility for their own recovery process while still in the Intervention Program. An individual placed in a transition phase should have met all the criteria for successful completion of the Intervention Program, completed an approved relapse prevention workbook and have submitted a "transition packet" acceptable to the Committee.

During the Transition Phase, all limitations on nursing practice and all requirements of the Intervention Program will be removed with the exception of the following:

Minimum monitoring to reasonably assure public safety:

- Random body fluid monitoring
- Quarterly work-site monitor reports
- Nurse support group meeting attendance as approved by the IEC
- 12-step meeting attendance as approved by the IEC
- Monthly self-reports
- Fees



## **~~DIVERSION~~INTERVENTION PROGRAM TRANSITION PHASE MINIMUM MONITORING PARAMETERS**

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An ~~DIVERSION~~INTERVENTION Evaluation Committee (IEC) will place a participant on a minimum monitoring transition phase for a period of time of no less than one year before granting successful completion from the ~~DIVERSION~~INTERVENTION Program.

The objective of a Transition Phase is to allow the participant to take full responsibility for their own recovery process while still in the ~~DIVERSION~~INTERVENTION Program. An individual placed in a transition phase should have met all the criteria for successful completion of the ~~DIVERSION~~INTERVENTION Program, completed an approved relapse prevention workbook and have submitted a "transition packet" acceptable to the Committee.

During the Transition Phase, all limitations on nursing practice and all requirements of the ~~DIVERSION~~INTERVENTION Program will be removed with the exception of the following:

Minimum monitoring to reasonably assure public safety:

- Random body fluid monitoring
- Quarterly work-site monitor reports, ~~monthly~~
- Nurse support group meeting attendance as approved by the IEC
- 12-step meeting attendance as approved by the IEC
- Monthly self-reports
- Fees

~~Participants should have returned to nursing practice with no restrictions unless the Diversion Evaluation Committee believes that the participant has made a career change from hands-on patient care.~~

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.5  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Intervention Program Criteria for Approval of Nurse Support Group Facilitators/Co-Facilitators (DIV-P-11/Attached)

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

Intervention staff proposes revising language in the above listed policy to give the Board flexibility to increase the pool of qualified candidates.

The proposed changes will allow a Registered Nurse or an individual that is certified by the state or other nationally certified organization with three (3) years of stated experience to be considered for appointment.

**NEXT STEP:** Follow directions given by Committee and/or Board

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Don Henry Walker  
Intervention Program Manager  
(916) 574-7619



## **INTERVENTION PROGRAM CRITERIA FOR APPROVAL OF NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS**

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### **All Facilitators and Co-Facilitators for Nurse Support Groups in the Intervention Program must:**

1. Be a registered nurse or certified by the state or other nationally certified organization
2. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse and/or mental health
3. Have experience facilitating group process
4. If in recovery, have a minimum of five (5) years recovery

### **All Facilitators and Co-Facilitators must not:**

1. Have a Board accusation pending, or be on Board probation
2. Be a current participant in the Intervention Program



## **~~DIVERSION~~ INTERVENTION PROGRAM** **CRITERIA FOR APPROVAL OF NURSE SUPPORT GROUP** **FACILITATORS/CO-FACILITATORS**

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All Facilitators and Co-Facilitators for Nurse Support Groups in the **~~Diversion~~ Intervention** Program must:

1. Be a registered nurse or certified by the state or other nationally certified organization. ~~(If the primary Facilitator is not a registered nurse, the Co-facilitator must be a RN.)\*~~
  2. ~~Have a demonstrated expertise in the field of substance use disorders as evidenced by:~~
    - a. ~~Having worked in the area for at least one year within the last three years and having at least two (2) semester units or three (3) quarter units or thirty (30) hours of continuing education in the area of substance use disorders.~~
- ~~Or~~
2. Certification or eligibility for certification in the area. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse and/or mental health
3. Have ~~a minimum of six months~~ experience facilitating group process.
  4. If in recovery, have a minimum of five (5) years recovery.

**All Facilitators and Co-Facilitators must not:**

1. Have a Board accusation pending, or be on Board probation.
2. Be a current participant in the **~~Diversion~~ Intervention** Program.

~~\*Persons who were Nurse Support Group Facilitators at the time these criteria were approved by the Board of Registered Nursing and who were not registered nurses but met all other requirements listed above remained approved.~~



**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.3.6  
**DATE:** February 11, 2016

**ACTION REQUESTED:** Board of Registered Nursing Procedures for investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15/Attached)

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

Intervention staff proposes revising language in the above listed policy to streamline the procedure for investigation of complaints against Nurse Support Group Facilitators/Co-Facilitators. In addition, language has been added outlining causes that may result in the Intervention Program Manager rescinding the approval of the Facilitators/Co-Facilitators.

**NEXT STEP:** Follow directions given by Committee and/or Board

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Don Henry Walker  
Intervention Program Manager  
(916) 574-7619



## **BOARD OF REGISTERED NURSING PROCEDURES FOR INVESTIGATION OF COMPLAINTS AGAINST NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS**

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**When a complaint is received about a Board of Registered Nursing (BRN) approved Nurse Support group Facilitator or Co-Facilitator regarding the role as a nurse support facilitator, the following will occur:**

- ◆ Intervention Program Contractor or BRN staff will call the Facilitator/Co-Facilitator to inform them about the complaint. (The identity of the complainant will be kept confidential.) The Facilitator/Co-Facilitator will be given an opportunity to address the issues identified in the complaint.
- ◆ Contractor will prepare a report that will include any information obtained from the Facilitator/Co-Facilitator and the complainant. This report will be forwarded to the Board of Registered Nursing's Intervention Program Manager (IPM) for review.
- ◆ The IPM will determine if further inquiries are warranted and make appropriate contacts. If the IPM believes that [the matter has been resolved or the complaint is unfounded and no further action is warranted, the Facilitator/Co-Facilitator will be notified.
- ◆ If the IPM determines that corrective action needs to be taken, the IPM will notify the Facilitator/Co-Facilitator in writing of corrective steps to be taken. If the Facilitator/Co-Facilitator does not agree to resolve the complaint with a corrective action that is amenable to the IPM, approval as a Facilitator/Co-Facilitator will be rescinded. Depending on the seriousness of the complaint, the IPM may immediately rescind the approval of the Facilitator/Co-Facilitator until further notice.
- ◆ Once the corrective action is agreed to in writing, the Facilitator/Co-Facilitator will be closely monitored by the IPM, Contractor, and Intervention Evaluation Committees to ensure that the problem has been corrected.

If the IPM believes the Facilitator/Co-Facilitator has not corrected the situation, the IPM may rescind the approval of the Facilitator/Co-Facilitator permanently. The Facilitator/Co-Facilitator will be notified in writing of the final decision. If this occurs, the Contractor will be notified and participants in the Board of Registered Nursing's Intervention and Probation Programs will no longer be assigned to the group.

Any participants who are currently in the group will be reassigned. (If the Facilitator's approval is rescinded, the Co-Facilitator's may be able to take over the group with BRN approval. If the Co-Facilitator's approval is rescinded, the Facilitator may continue to run the group.)

**Approval of Facilitators or Co-Facilitators may be rescinded permanently for any of the following reasons:**

1. Inability to competently perform Facilitator or Co-facilitator duties and responsibilities as specified in policy DIV-P-10 (Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements)
2. Current discipline against facilitator's or co-facilitator's license or certificate
3. Conviction of a crime substantially-related to the qualifications, functions, or duties of the facilitator's or co-facilitator's license or certificate
4. Failure to maintain an active license or certificate
5. Relapse of Facilitator or Co-Facilitator
6. Breach of Confidentiality
7. Cause

**SOME COMPLAINTS WHICH ARE SERIOUS IN NATURE AND A VIOLATION OF THE NURSING PRACTICE ACT MAY WARRANT FORMAL INVESTIGATION BY THE BRN OR ANOTHER REGULATORY AGENCY.**

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## BOARD OF REGISTERED NURSING PROCEDURES FOR INVESTIGATION OF COMPLAINTS AGAINST NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS

When a complaint is received about a Board of Registered Nursing (BRN) approved Nurse Support group Facilitator or Co-Facilitator, regarding the role as a nurse support facilitator, the following will occur:

- ◆ Diversion Intervention Program Contractor or BRN staff will call the Facilitator/Co-Facilitator to inform them about the complaint. (The identity of the complainant will be kept confidential.) The Facilitator/Co-Facilitator will be given an opportunity to address the issues identified in the complaint.
- ◆ Contractor will prepare a report that will include any information obtained from the Facilitator/Co-Facilitator and the complainant. This report will be forwarded to the Board of Registered Nursing's Diversion Intervention Program Manager (DPM/IPM) for review.
- ◆ The DPM/IPM will determine if further inquiries are warranted and make appropriate contacts. If the DPM/IPM believes that [the matter has been resolved or the complaint is unfounded and no further action is warranted, the Facilitator/Co-Facilitator will be notified.
- ◆ If the DPM/IPM determines that corrective action needs to be taken, the DPM/IPM will notify the Facilitator/Co-Facilitator in writing of corrective steps to be taken. If the Facilitator/Co-Facilitator does not agree to resolve the complaint with a the corrective action that is amenable to the IPM, approval as a Facilitator/Co-Facilitator will be rescinded. ~~(Depending on the seriousness of the complaint, in some cases, the DPM/IPM may immediately rescind the approval of the Facilitator/Co-Facilitator until further notice. In those instances, the Contractor will be notified to discontinue sending participants to the group and/or reassign current participants to another group until further notice.)~~
- ◆ Once the corrective action is agreed to in writing, the Facilitator/Co-Facilitator will be closely monitored by the DPM/IPM, Contractor, and Diversion Intervention Evaluation Committees to ensure that the problem has been corrected.

◆ If the ~~DPM~~IPM believes the Facilitator/Co-Facilitator has not corrected the situation ~~or has not agreed to the corrective action~~, the ~~DPM~~IPM ~~will~~may ~~make a recommendation to the Executive Officer for the BRN to~~ rescind the approval of the Facilitator/Co-Facilitator permanently. The Facilitator/Co-Facilitator will be notified in writing of the final decision. If this occurs, the Contractor will be notified and participants in the Board of Registered Nursing's ~~Diversion~~Intervention and Probation Programs will no longer be assigned to the group. Any participants who are currently in the group will be reassigned. (If the Facilitator's approval is rescinded, the Co-Facilitator's may be able to take over the group with BRN approval. If the Co-Facilitator's approval is rescinded, the Facilitator may continue to run the group.)

**Approval of Facilitators or Co-Facilitators ~~can~~may be rescinded permanently for any of the following reasons:**

1. Inability to competently perform Facilitator or Co-facilitator duties and responsibilities as specified in policy DIV-P-10 (Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements)
2. Current discipline against facilitator's or co-facilitator's license or certificate
3. Conviction of a crime substantially-related to the qualifications, functions, or duties of the facilitator's or co-facilitator's license or certificate
4. Failure to maintain an active license or certificate
- ~~1~~5. Relapse of Facilitator or Co-Facilitator
- ~~2~~6. Breach of Confidentiality
- ~~3~~7. Cause

~~**PLEASE NOTE: THE DECISION OF THE BRN IS FINAL. HOWEVER, NOTHING WILL BE DONE WITHOUT GIVING EVERYONE INVOLVED AN OPPORTUNITY TO REFUTE OR EXPLAIN THE CIRCUMSTANCES SURROUNDING THE COMPLAINT.**~~

**SOME COMPLAINTS WHICH ARE SERIOUS IN NATURE AND A VIOLATION OF THE NURSING PRACTICE ACT MAY WARRANT FORMAL INVESTIGATION BY THE BRN OR ANOTHER REGULATORY AGENCY.**

**BOARD OF REGISTERED NURSING**  
**Intervention/Discipline Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.4**  
**DATE: February 11, 2016**

**ACTION REQUESTED:** Vote on whether to recommend approval of modified Regulatory Proposal to Modify the Recommended Guidelines for Disciplinary Orders and Conditions of Probation in California Code of Regulations, Article 1, Section 1444.5, Disciplinary Guidelines

**REQUESTED BY:** Cynthia Klein, RN, Chairperson

**BACKGROUND:**

The Board of Registered Nursing (BRN) approved a regulatory package to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines) at its June 4, 2015 board meeting. The Recommended Guidelines for Disciplinary Orders were last amended in 2003. BRN staff reviewed the Guidelines prior to the overhaul of the board members in 2010 and a regulatory proposal was initiated in March 2011 to incorporate the Uniform Standards as required by SB 1441; however, the board was sunset in December 2011 and the regulatory proposal was not acted upon by the board in time.

The language approved by the board at its June 2015 board meeting was reviewed by DCA Legal Counsel who suggested modifying the language. Attached you will find the suggested language as modified by DCA Legal Counsel for your consideration and approval.

**NEXT STEP:** Follow directions given by committee and board.

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
Phone: (916) 574-7600

### **§1444.5. Disciplinary Guidelines.**

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (10/0205/2015), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation -for example: the presence of mitigating factors; the presence of aggravating factors; the age of the case; or evidentiary problems issues.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance-abusing licensees as provided in Section 1445.51, without deviation, for each individual determined to be a substance-abusing licensee.

Authority cited: Section 2715, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.

#### **HISTORY:**

1. New section filed 6-17-97; operative 6-17-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 25).
2. Amendment of "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (incorporated by reference) and amendment of section filed 6-14-2000; operative 7-14-2000 (Register 2000, No. 24).
3. Amendment of section and Note filed 4-24-2003; operative 5-24-2003 (Register 2003, No. 17).
4. Amendment of section and Note filed 7-23-2014; operative 7-23-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 30).

### **§1444.51. Uniform Standards Related to Substance Abuse.**

(a) The board shall also apply, as required, the Department of Consumer Affairs' Substance Abuse Coordination Committee's Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (April 2011) [hereafter "Uniform Standards"], which are hereby incorporated by reference. The "Uniform Standards" describe the mandatory conditions that apply to a substance

abusing licensee, except that the board may impose more restrictive conditions if necessary to protect the public.

(b) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the board finds that the evidence proves that an individual is a substance abusing licensee for the purposes of section 315 of the code, then all relevant terms and conditions contained in the Disciplinary Guidelines and the “Uniform Standards” shall apply as written and be used in the order placing the licensee on probation.

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (commencing with Sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled “Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders,” New February 2016, which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board’s guidelines referenced in Section 1444.5 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Section 2715, Business and Professions Code and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.